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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/530,521
Filing Date	04/07/2005
First Named Inventor	Mark Andrew Sanders
Art Unit	3611
Examiner Name	SCHARICH, MARC A
Attorney Docket Number	GFP-953747

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR I hereby appoint the practitioners associated with the Customer Number:									
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 79523 OR									
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	/Mark Andrev	v Sanders/							
Name	Mark Andrew	Sanders							
Date	2008-10-30	008-10-30 Telephone +886-4-23860999							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total	of	forme are submitted							

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